

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 07/10/2013
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G559		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 06/07/2013	
NAME OF PROVIDER OR SUPPLIER ARC OF NORTHWEST INDIANA INC, THE				STREET ADDRESS, CITY, STATE, ZIP CODE 2901 BEVERLY DR GARY, IN 46408			
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W000000	<p>This visit was for a post-certification revisit survey to the extended annual recertification and state licensure survey to a full survey completed on 5/3/13.</p> <p>Dates of Survey: 6/5, 6/6 and 6/7/13</p> <p>Facility Number: 001073 Provider Number: 15G559 AIMS Number: 100239890</p> <p>Surveyors: Paula Chika, QIDP-TC Christine Colon, QIDP</p> <p>These deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review completed 6/17/13 by Ruth Shackelford, QIDP.</p>		W000000				

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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W000159	<p>483.430(a) QUALIFIED MENTAL RETARDATION PROFESSIONAL Each client's active treatment program must be integrated, coordinated and monitored by a qualified mental retardation professional.</p> <p>2. A review of client #1's record was conducted at the facility's administrative office on 6/6/13 at 11:25 A.M.. Review of the ISP dated 9/19/12 indicated the following training objectives: "When staff calls her name [client #1] will respond by turning her head towards staff...When in a group activity [client #1] will participate in the group activity with hand over hand assistance...When given a choice [client #1] will reach for the one she wants...When her name is called while she is involved in an activity, [client #1] will cease the activity...When it is time for a goal, [client #1] will touch a block with a number on it...When done eating, [client #1] will wipe her spot at the table after dinner...Before medication is administered, [client #1] will respond correctly...When asked to do so [client #1] will wipe her face." Further review of the record did not indicate tracking of client #1's training objectives to indicate if she made progress or regressed on the objectives.</p> <p>An interview with the SC/QIDP was conducted at the facility's administrative</p>		W000159	<p>The service coordinator will be trained by the Staff Development Director on PPSEE, our electronic Data and programming program, by 7/7/13. The service coordinator will also be trained on assessing a client's ability to participate in a program obtaining wheelchair assessments, sensorimotor assessments, communication skills, implementing physical therapy recommendations, informal training opportunities, monitoring objectives, monitoring for progress/regression, by the Behavior health director by 7/7/13. To ensure the QIDP continues to implement these measures the Behavior Health Director will meet with the QIDP daily until these measures are completed and then weekly until proficiency in implementation is acquired and then will fade to bi-weekly meetings.</p>		07/07/2013	

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	<p>office on 6/6/13 at 12:55 P.M.. The SC/QIDP indicated there was no documentation available for review to indicate she monitored client #1's objectives from 9/12 to 5/13.</p> <p>3. The QIDP failed to re-assess client #1's wheelchair to ensure an appropriate fit. Please see W210.</p> <p>4. The QIDP failed to obtain a sensorimotor assessment for client #1. Please see W218.</p> <p>5. The QIDP failed to assess client #1's communication skills. Please see W220.</p> <p>6. The QIDP failed to address client #2's Physical Therapy recommendation for an exercise program. Please see W227.</p> <p>7. The QIDP failed to address client #1's identified basic needs in regard to dressing and toileting. Please see W242.</p> <p>8. The QIDP failed to ensure facility staff implemented client #1 and #2's training objectives when formal and/or informal opportunities existed. Please see W249.</p> <p>9. The QIDP failed to monitor client #1 and #2's objectives to determine if the clients' objectives were achieved. Please see W255.</p>						

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	<p>10. The QIDP failed to monitor client #1 and #2's objectives to determine if the clients had regressed and/or lost skills acquired. Please see W256.</p> <p>11. The QIDP failed to monitor client #1 and #2's objectives to determine if the clients failed to make progress after three months. Please see W257.</p> <p>12. The QIDP failed to monitor client #1 and #2's objectives to determine if the clients could be considered for training toward new objectives. Please see W258.</p> <p>This deficiency was cited on 5/3/13. The facility failed to implement a systemic plan of correction to prevent recurrence.</p> <p>9-3-3(a)</p> <p>Based on observation, interview and record review for 2 of 2 sampled clients (#1 and #2), the facility's Service Coordinator (SC)-Qualified Intellectual Disability Professional (QIDP) failed to monitor clients' Individual Support Plan objectives as no monthly summaries had been completed from 9/12 to 2/13. The QIDP failed to monitor client #1 in regard to assessments, addressing identified</p>						

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	<p>needs and/or basic needs for clients #1 and #2, and to ensure facility staff implemented client #1 and #2's training objectives as outlined in the clients' ISPs.</p> <p>Findings include:</p> <p>1. Client #2's record was reviewed on 6/6/13 at 11:20 AM. Client #2's 9/26/12 Individual Support Plan (ISP) indicated the client had the following objectives:</p> <p>-To learn to identify pictures used for communication with verbal prompts by 9/30/13.</p> <p>-To engage in activity to increase cognitive skills for 10 minutes with verbal prompt by 9/30/13.</p> <p>-To point to 6 pictures in her communication book correctly 9 out of the last 10 sessions by 9/30/13.</p> <p>-When presented with a dime and quarter, will identify/point/gesture with 50 % Independence by 9/30/13.</p> <p>-"To set her spot at the table. with 50% independence for 2 consecutive months by 9/30/13."</p> <p>-"Before medication is administered, [client #2] will respond correctly by</p>						

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	<p>9/30/13."</p> <p>-To let staff know when she needed to go to the toilet by pointing to the picture for 2 consecutive months by 9/30/13.</p> <p>-To "brush her teeth with 30% or more independence 10 consecutive sessions."</p> <p>Client #2's 9/26/12 ISP and/or record indicated no monthly summary/reviews had been completed in regard to the above mentioned objectives to determine if the client had met the objectives since the 9/26/12 ISP was implemented.</p> <p>Interview with Service Coordinator (SC)/QIDP on 6/6/13 at 1:38 PM stated "I am not that far in program yet. Limited on what I can do with that program (computer program)." The SC indicated she had not reviewed the client's objectives/data to determine if the client's objectives had been met and/or needed to be revised.</p>						

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W000210	<p>483.440(c)(3) INDIVIDUAL PROGRAM PLAN Within 30 days after admission, the interdisciplinary team must perform accurate assessments or reassessments as needed to supplement the preliminary evaluation conducted prior to admission.</p> <p>Based on observation, interview and record review for 1 of 2 sampled clients (client #1), the facility failed to re-assess client #1's wheelchair to ensure an appropriate fit.</p> <p>Findings include:</p> <p>An evening observation was conducted at the group home on 6/5/13 from 5:00 P.M. until 6:30 P.M.. Client #1 utilized a custom wheelchair for mobility. A horizontal strap went across the client's chest and under/near the client's arm pits. Client #1's chest strap velcroed/fastened</p>		W000210	<p>A wheelchair assessment for Client #1 and all others in need of assessment will be schedule by 7/7/13. The community service nurse will review the client for assessment needs monthly and will then fade to quarterly assessment and will refer to the Health care manager for any new assessments that are required. The Service coordinator will audit the file weekly until all current assessments are obtained and will then fade to monthly and quarterly assessments.</p>		07/07/2013	

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	<p>to the side of the client. Client #1's wheelchair had knee/leg straps/braces for each leg to keep them in position that were held together by velcro. Client #1 removed herself from the chest strap by pulling on the velcro until it became loose and undone. During the entire observation period, client #1 was turned to the side in her wheelchair with one foot up in the seat of her wheelchair and the other leg/foot leaning to the side.</p> <p>A review of client #1's record was conducted on 6/6/13 at 11:25 AM. Client #1's 9/19/12 Individual Support Plan and/or record did not indicate client #1 had a wheelchair assessment to ensure proper fitting.</p> <p>An interview with staff #1 and #2 was conducted on 6/5/13 at 5:30 PM. Staff #1 and #2 indicated client #1's chest strap/harness did not fit the client properly. Staff #1 indicated the client had a different chest harness on her previous wheelchair. Staff #1 stated the client's current harness would fold up and did not look "comfortable" for the client as it laid across the client's breast.</p> <p>An interview with administrative staff #2 was conducted on 6/6/13 at 12:55 P.M.. Administrative staff #2 indicated they were not sure if client #1's wheelchair</p>						

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	<p>fitted her appropriately. Administrative staff #2 did not locate and/or provide documentation of a wheelchair evaluation for the client to ensure the client was appropriately evaluated.</p> <p>This deficiency was cited on 5/3/13. The facility failed to implement a systemic plan of correction to prevent recurrence.</p> <p>9-3-4(a)</p>						

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W000218	<p>483.440(c)(3)(v) INDIVIDUAL PROGRAM PLAN The comprehensive functional assessment must include sensorimotor development.</p> <p>Based on observation, record review and interview for 1 of 2 sampled clients (client #1), the facility failed to obtain a sensorimotor assessment.</p> <p>Findings include:</p> <p>An evening observation was conducted at the group home on 6/5/13 from 5:00 P.M. until 6:30 P.M.. During the entire observation period client #1 utilized a wheelchair for mobility.</p> <p>Client #1's record was reviewed on 6/6/13 at 11:45 A.M.. Review of the record did not indicate a sensorimotor assessment. Client #1's Cumulative Medical Record</p>		W000218	<p>A sensory motor assessment for Client #1 and all others in need of assessment will be schedule by 7/7/13. The community service nurse will review the client for assessment needs monthly and will then fade to quarterly assessment and will refer to the Health care manager for any new assessments that are required. The Service coordinator will audit the file weekly until all current assessments are obtained and will then fade to monthly and quarterly assessments.</p>		07/07/2013	

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	<p>notes and/or chart did not indicate client #1's OT/PT evaluations had been completed and/or set up.</p> <p>An interview with the SC/QIDP was conducted on 6/6/13 at 12:55 P.M.. The SC/QIDP indicated client #1 used a wheelchair for ambulation. The SC/QIDP indicated client #1 did not have a sensorimotor assessment completed.</p> <p>This deficiency was cited on 5/3/13. The facility failed to implement a systemic plan of correction to prevent recurrence.</p> <p>9-3-4(a)</p>						

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W000220	<p>483.440(c)(3)(v) INDIVIDUAL PROGRAM PLAN The comprehensive functional assessment must include speech and language development.</p> <p>Based on observation, interview and record review for 1 of 2 sampled clients (client #1), the facility failed to assess the client's communication skills.</p> <p>Findings include:</p> <p>During the 6/5/13 observation period between 5:00 P.M. and 6:30 P.M., at the group home, client #1 was non-verbal in communication in that the client did not speak. Facility staff did not implement any communication training with the client and/or provide any assistive devices to assist client #1 to communicate her wants and needs.</p>			W000220	<p>A Speech and language assessment for Client #1 and all others in need of assessment will be schedule by 7/7/13. The community service nurse will review the client for assessment needs monthly and will then fade to quarterly assessment and will refer to the Health care manager for any new assessments that are required. The Service coordinator will audit the file weekly until all current assessments are obtained and will then fade to monthly and quarterly assessments.</p>		07/07/2013

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	<p>Client #1's record was reviewed on 6/6/13 at 11:45 A.M.. Client #1's 9/19/12 Individual Support Plan (ISP) and/or record indicated client #1 had the following objectives:</p> <p>- "[Client #1] will continue to learn to respond to her name."</p> <p>- "When given a choice of 2 items, [client #1] will reach for the one she wants." Client #1's 9/19/12 ISP and/or record did not indicate client #1's communication skills had been assessed.</p> <p>Interview with the Service Coordinator (SC) on 6/6/13 at 12:55 P.M. indicated client #1 was non-verbal in communication. The SC indicated the above 2 mentioned training objectives were client #1's communication training objectives. When asked if client #1 had a recent speech/communication assessment, the SC stated "No." The SC could not locate a communication assessment for client #1.</p> <p>This deficiency was cited on 5/3/13. The facility failed to implement a systemic plan of correction to prevent recurrence.</p> <p>9-3-4(a)</p>						

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W000227	<p>483.440(c)(4) INDIVIDUAL PROGRAM PLAN</p> <p>The individual program plan states the specific objectives necessary to meet the client's needs, as identified by the comprehensive assessment required by paragraph (c)(3) of this section.</p> <p>Based on interview and record review for 1 of 2 sampled clients (#2), the client's Individual Support Plan (ISP) failed to include an objective which addressed the client's Physical Therapy recommendation.</p> <p>Findings include:</p> <p>Client #2's record was reviewed on 6/6/13 at 11:20 AM. Client #2's 5/9/13 Physical Therapy (PT) evaluation indicated client #2's current mobility status was "At least 80% but less than 100 percent impaired, limited or restricted...." The 5/9/13 PT assessment indicated "...Patient will perform home exercise program with supervision from her caregiver to maintain joint flexibility and mobility...PT Plan: to initiate supervised exercises to maintain functional mobility...."</p> <p>Client #2's 9/26/12 ISP did not indicate the above mentioned recommendation had been addressed as client #2 did not have an objective in regard to completing PT exercises.</p>			W000227	<p>Client #2 physical Therapy recommendations will be incorporated into her IPP by 7/7/13. Other consumers whom received physical therapy assessments will also have their recommendations incorporated into their IPP by 7/7/13. To ensure the QIDP continues to implement these measures the Behavior Health Director will meet with the QIDP daily until these measures are completed and then weekly until proficiency in implementation is acquired and then will fade to bi-weekly meetings.</p>		07/07/2013

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	<p>Interview with the Service Coordinator on 6/6/13 at 1:38 PM indicated client #2 had a PT evaluation completed on 5/9/13. The QIDP indicated client #2 would be getting a new wheelchair. The QIDP did not indicate how client #2's PT recommendation (objective for an exercise program) was addressed.</p> <p>This deficiency was cited on 5/3/13. The facility failed to implement a systemic plan of correction to prevent recurrence.</p> <p>9-3-4(a)</p>						

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OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G559		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 06/07/2013	
NAME OF PROVIDER OR SUPPLIER ARC OF NORTHWEST INDIANA INC, THE				STREET ADDRESS, CITY, STATE, ZIP CODE 2901 BEVERLY DR GARY, IN 46408			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE	
W000242	<p>483.440(c)(6)(iii) INDIVIDUAL PROGRAM PLAN</p> <p>The individual program plan must include, for those clients who lack them, training in personal skills essential for privacy and independence (including, but not limited to, toilet training, personal hygiene, dental hygiene, self-feeding, bathing, dressing, grooming, and communication of basic needs), until it has been demonstrated that the client is developmentally incapable of acquiring them.</p> <p>Based on record review and interview for 1 of 2 sampled clients (client #1), the client's Individual Support Plan (ISP) failed to address the client's identified basic needs in regard to dressing and toileting.</p> <p>Findings include:</p>		W000242	<p>Client #1 Dressing and Toileting skills will be incorporated into her IPP by 7/7/13. Other consumers whom do not currently have Dressing and Toileting skills and require such training also have these areas incorporated into their IPP by 7/7/13. To ensure the QIDP continues to implement these measures the Behavior Health Director will meet with the QIDP daily until these measures are completed and then weekly until proficiency in implementation is acquired and then will fade to bi-weekly meetings.</p>		07/07/2013	

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	<p>A review of client #1's record was conducted on 6/6/13 at 11:25 AM. Client #1's 9/19/12 ISP indicated "[Client #1] is currently receiving total assistance in all her daily living skills...." Client #1's 9/19/12 ISP indicated the client did not have training in place which addressed the client's basic needs in regard to toileting and dressing.</p> <p>An interview with staff #1 was conducted on 6/5/13 at 5:30 P.M.. Staff #1 indicated client #1 required total staff assistance in regard to bathing, dressing, toileting and tooth brushing. Staff #1 indicated client #1 did not have any training in place in regard to toileting and dressing.</p> <p>An interview with the Service Coordinator (SC) was conducted on 6/6/13 at 12:55 P.M.. The SC indicated client #1 did not have any training in place which addressed the client's basic needs of dressing and toileting.</p> <p>This deficiency was cited on 5/3/13. The facility failed to implement a systemic plan of correction to prevent recurrence.</p> <p>9-3-4(a)</p>						

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W000249	<p>483.440(d)(1) PROGRAM IMPLEMENTATION</p> <p>As soon as the interdisciplinary team has formulated a client's individual program plan, each client must receive a continuous active treatment program consisting of needed interventions and services in sufficient number and frequency to support the achievement of the objectives identified in the individual program plan.</p> <p>Based on observation, interview and record review for 2 of 2 sampled clients (#1 and #2), the facility failed to implement the clients' Individual Support Plan (ISP) objectives when formal and/or informal training opportunities existed.</p> <p>Findings include:</p> <p>1. During the 6/6/13 observation period between 6:00 AM and 8:15 AM, at the group home, client #2 was non verbal in communication in that the client did not speak. During the 6/6/13 observation period, client #2 sat in the living room holding a picture book in her lap. Staff #1 and/or #2 did not assist client #2 to utilize the picture book. Client #2 sat in her wheelchair without activity and/or interaction while staff #1 cooked breakfast and staff #2 passed medications. Client #2 did not set her own place setting at the table as client #3 and staff #1 set the table.</p> <p>Client #2's record was reviewed on 6/6/13</p>		W000249	<p>Once trained the Service coordinator will train the direct care staff on the client's new IPP and programming needs. They will also be trained on active treatment and providing training at naturally occurring opportunities. Directly following this training the service coordinator and other professional staff will visit the home daily to ensure that staff are providing these services. This monitoring will continue staff have show proficiency in programming and will then fade to three times per week, weekly and then Bi weekly to ensure continued implementation.</p>		07/07/2013	

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	<p>at 11:20 AM. Client #2's 9/26/12 ISP indicated client #2 had the following objectives which facility staff did not implement when formal and/or informal opportunities for training existed:</p> <ul style="list-style-type: none"> -To learn to identify pictures used for communication with verbal prompts. -To engage in activity to increase cognitive skill. -To point to pictures in her communication book. -When presented with a dime and quarter, will identify/point/gesture. -To set her spot at the table." <p>Interview with the Service Coordinator (SC) on 6/6/13 at 1:38 PM indicated clients' objectives should be implemented throughout the day when opportunities for training occurred.</p> <p>2. An evening observation was conducted at the group home on 6/5/13 from 5:00 P.M. until 6:30 P.M.. During the observation period client #1 sat in her wheelchair moving her arms about spastically, sat without an activity and/or sat at a table without an activity except to be handed an item to hold and/or to place</p>						

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	<p>an item in front of the client. Client #1 did not pick up the item and/or dropped the items she was handed. During the above mentioned observation periods, client #1 was non-verbal in communication in that the client did not speak. No communication training was provided and/or offered to the client.</p> <p>During the 6/6/13 observation period between 6:00 AM and 8:15 AM, at the group home, client #1 was non-verbal in communication in that the client did not speak. Staff #1 and #2 did not provide any communication training with the client and/or offer the client a choice of items.</p> <p>A review of client #1's record was conducted on 6/6/13 at 11:25 A.M.. Client #1's 9/19/12 Individual Support Plan (ISP) indicated client #1 had the following objectives:</p> <p>-Respond to her name</p> <p>-"When given a choice of 2 items, [client #1] will reach for the one she wants...."</p> <p>-"When her name is called while she is involved in an activity, [client #1] will cease the activity...."</p> <p>-Wipe her spot at the table after dinner</p>						

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

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	<p>- "Before medication is administered, [client #1] will respond correctly (reach for medications)...."</p> <p>- Wash her face</p> <p>During the 6/5/13 observation period facility staff did not implement client #1's above mentioned ISP training objectives when formal and/or informal training opportunities existed.</p> <p>An interview with the Service Coordinator (SC) was conducted on 6/6/13 at 12:55 P.M.. The SC indicated facility staff should provide communication training with the client.</p> <p>This deficiency was cited on 5/3/13. The facility failed to implement a systemic plan of correction to prevent recurrence.</p> <p>9-3-4(a)</p>						

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W000255	<p>483.440(f)(1)(i) PROGRAM MONITORING & CHANGE The individual program plan must be reviewed at least by the qualified mental retardation professional and revised as necessary, including, but not limited to situations in which the client has successfully completed an objective or objectives identified in the individual program plan.</p> <p>Based on interview and record review for 2 of 2 sampled clients (#1 and #2), the Qualified Intellectual Disability Professional (QIDP) failed to monitor client #1 and #2's objectives to determine if the clients' objectives were achieved.</p> <p>Findings include:</p> <p>1. Client #2's record was reviewed on 6/6/13 at 11:20 AM. Client #2's 9/26/12 Individual Support Plan (ISP) indicated the client had the following objectives:</p> <p>-To learn to identify pictures used for communication with verbal prompts by 9/30/13.</p> <p>-To engage in activity to increase cognitive skills for 10 minutes with verbal prompt by 9/30/13.</p> <p>-To point to 6 pictures in her communication book correctly 9 out of the last 10 sessions by 9/30/13.</p>	W000255	<p>The service coordinator will be trained by the Staff Development Director on our PPSEE our electronic Data and programming program by 7/7/13. The service coordinator will also be trained on assessing a client's ability to participate in a program obtaining wheelchair assessments, sensor motor assessments, communication skills, implementing physical therapy recommendations, informal training opportunities, monitoring objectives, monitoring for progress/regression, by the Behavior health director by 7/7/13. To ensure the QIDP continues to implement these measures the Behavior Health Director will meet with the QIDP daily until these measures are completed and then weekly until proficiency in implementation is acquired and then will fade to bi-weekly meetings.</p>	07/07/2013			

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	<p>-When presented with a dime and quarter, will identify/point/gesture with 50 % Independence by 9/30/13.</p> <p>-"To set her spot at the table with 50% independence for 2 consecutive months by 9/30/13."</p> <p>-"Before medication is administered, [client #2] will respond correctly by 9/30/13."</p> <p>-To let staff know when she needed to go to the toilet by pointing to the picture for 2 consecutive months by 9/30/13.</p> <p>-To "brush her teeth with 30% or more independence 10 consecutive sessions."</p> <p>Client #2's 9/26/12 ISP and/or record indicated no monthly summary/reviews had been completed in regard to the above mentioned objectives to determine if the client had met the objectives since the 9/26/12 ISP was implemented.</p> <p>Interview with Service Coordinator (SC)/QIDP on 6/6/13 at 1:38 PM stated "I am not that far in program yet. Limited on what I can do with that program (computer program)." The SC indicated she had not reviewed the client's objectives/data to determine if the client's objectives had been met.</p>						

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	<p>2. A review of client #1's record was conducted on 6/5/13 at 11:25 A.M.. Client #1's 9/19/12 Individual Support Plan (ISP) indicated the client had the following objectives:</p> <p>- "[Client #1] will continue to learn to respond to her name by October 31, 2012."</p> <p>- "When given a choice of 2 items, [client #1] will reach for the one she wants for 5 of the last 10 sessions by October 31, 2012."</p> <p>- "When her name is called while she is involved in an activity, [client #1] will cease the activity of 0 of the last 0 sessions by October 31, 2012."</p> <p>- "[Client #1] will touch a block with a number on it for 5 of the last 10 periods by October 31, 2012."</p> <p>- "When done eating, [client #1] will wipe her spot at the table after dinner for 12 of the last 24 sessions by October 31, 2012."</p> <p>- "Before medication is administered, [client #1] will respond correctly with 50% independence for 10 of the last 10 sessions by October 31, 2012."</p>						

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	<p>- "When asked to do so, [client #1] will wash her face with 90% independence for 10 of the last 12 sessions by October 31, 2012."</p> <p>Client #1's 9/19/12 ISP indicated no monthly summary reviews had been completed of the above mentioned objectives to determine if the client had met the objectives since the 9/19/12 ISP was implemented.</p> <p>An interview with the Service Coordinator (SC/QIDP) was conducted on 6/6/13 at 12:55 P.M.. The SC/QIDP indicated she did not monitor client #1's objectives. The SC/QIDP did not provide any additional monitoring and/or monthly reviews of the client's objectives to determine if the client had met the ISP objectives.</p> <p>This deficiency was cited on 5/3/13. The facility failed to implement a systemic plan of correction to prevent recurrence.</p> <p>9-3-4(a)</p>						

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W000256	<p>483.440(f)(1)(ii) PROGRAM MONITORING & CHANGE The individual program plan must be reviewed at least by the qualified mental retardation professional and revised as necessary, including, but not limited to situations in which the client is regressing or losing skills already gained. Based on interview and record review for 2 of 2 sampled clients (#1 and #2), the Qualified Intellectual Disability Professional (QIDP) failed to monitor client #1 and #2's objectives to determine if the clients lost and/or regressed in skills.</p> <p>Findings include:</p> <p>1. Client #2's record was reviewed on 6/6/13 at 11:20 AM. Client #2's 9/26/12 Individual Support Plan (ISP) indicated the client had the following objectives:</p> <p>-To learn to identify pictures used for communication with verbal prompts by 9/30/13.</p> <p>-To engage in activity to increase cognitive skills for 10 minutes with verbal prompt by 9/30/13.</p> <p>-To point to 6 pictures in her communication book correctly 9 out of the last 10 sessions by 9/30/13.</p>		W000256	<p>The service coordinator will be trained by the Staff Development Director on PPSEE, our electronic Data and programming program, by 7/7/13. The service coordinator will also be trained on monitoring for progress/regression, by the Behavior health director by 7/7/13. Once trained the service Coordinator will review all client goals for areas in which the client may be experiencing regression or lose of skills as necessary. To ensure the QIDP continues to implement these measures the Behavior Health Director will meet with the QIDP daily until these measures are completed and then weekly until proficiency in implementation is acquired and then will fade to bi-weekly meetings.</p>		07/07/2013	

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	<p>-When presented with a dime and quarter, will identify/point/gesture with 50 % Independence by 9/30/13.</p> <p>-"To set her spot at the table" with 50% independence for 2 consecutive months by 9/30/13.</p> <p>-"Before medication is administered, [client #2] will respond correctly by 9/30/13."</p> <p>-To let staff know when she needed to go to the toilet by pointing to the picture for 2 consecutive months by 9/30/13.</p> <p>-To "brush her teeth with 30% or more independence 10 consecutive sessions."</p> <p>Client #2's 9/26/12 ISP and/or record indicated no monthly summary/reviews had been completed in regard to the above mentioned objectives to determine if the client regressed and/or lost skills since the 9/26/12 ISP was implemented.</p> <p>Interview with Service Coordinator (SC)/QIDP on 6/6/13 at 1:38 PM stated "I am not that far in program yet. Limited on what I can do with that program (computer program)." The SC indicated she had not reviewed the client's objectives/data to determine if the client regressed and/or lost skills.</p>						

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	<p>2. A review of client #1's record was conducted on 6/5/13 at 11:25 A.M.. Client #1's 9/19/12 Individual Support Plan (ISP) indicated the client had the following objectives:</p> <p>- "[Client #1] will continue to learn to respond to her name by October 31, 2012."</p> <p>- "When given a choice of 2 items, [client #1] will reach for the one she wants for 5 of the last 10 sessions by October 31, 2012."</p> <p>- When her name is called while she is involved in an activity, [client #1] will cease the activity of 0 of the last 0 sessions by October 31, 2012."</p> <p>- "[Client #1] will touch a block with a number on it for 5 of the last 10 periods by October 31, 2012."</p> <p>- "When done eating, [client #1] will wipe her spot at the table after dinner for 12 of the last 24 sessions by October 31, 2012."</p> <p>- "Before medication is administered, [client #1] will respond correctly with 50% independence for 10 of the last 10 sessions by October 31, 2012."</p>						

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	<p>- "When asked to do so, [client #1] will wash her face with 90% independence for 10 of the last 12 sessions by October 31, 2012."</p> <p>Client #1's 9/19/12 ISP indicated no monthly summary reviews had been completed of the above mentioned objectives to determine if the client had met the objectives since the 9/19/12 ISP was implemented.</p> <p>An interview with the Service Coordinator (SC)/QIDP was conducted on 6/6/13 at 12:55 P.M.. The SC/QIDP indicated she did not monitor monthly reviews of client #1's training objectives. The SC/QIDP did not provide any additional monitoring and/or monthly reviews of the client's objectives to determine if the client had regressed and/or lost acquired skills.</p> <p>This deficiency was cited on 5/3/13. The facility failed to implement a systemic plan of correction to prevent recurrence.</p> <p>9-3-4(a)</p>						

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W000257	<p>483.440(f)(1)(iii) PROGRAM MONITORING & CHANGE The individual program plan must be reviewed at least by the qualified mental retardation professional and revised as necessary, including, but not limited to situations in which the client is failing to progress toward identified objectives after reasonable efforts have been made. Based on interview and record review for 2 of 2 sampled clients (#1 and #2), the Qualified Intellectual Disability Professional (QIDP) failed to monitor client #1 and #2's objectives to determine if the clients failed to demonstrate progress after reasonable efforts had been made.</p> <p>Findings include:</p> <p>1. Client #2's record was reviewed on 6/6/13 at 11:20 AM. Client #2's 9/26/12 Individual Support Plan (ISP) indicated the client had the following objectives:</p> <p>-To learn to identify pictures used for communication with verbal prompts by 9/30/13.</p> <p>-To engage in activity to increase cognitive skills for 10 minutes with verbal prompt by 9/30/13.</p> <p>-To point to 6 pictures in her communication book correctly 9 out of the last 10 sessions by 9/30/13.</p>	W000257	The service coordinator will be trained by the Staff Development Director on PPSEE, our electronic Data and programming program, by 7/7/13. The service coordinator will also be trained on monitoring for progress/regression, by the Behavior health director by 7/7/13. Once trained the service Coordinator will review all client goals for areas in which the client may have failed to progress toward identified objectives as necessary. To ensure the QIDP continues to implement these measures the Behavior Health Director will meet with the QIDP daily until these measures are completed and then weekly until proficiency in implementation is acquired and then will fade to bi-weekly meetings.	07/07/2013			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G559		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 06/07/2013	
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	<p>-When presented with a dime and quarter, will identify/point/gesture with 50 % Independence by 9/30/13.</p> <p>-"To set her spot at the table" with 50% independence for 2 consecutive months by 9/30/13.</p> <p>-"Before medication is administered, [client #2] will respond correctly by 9/30/13."</p> <p>-To let staff know when she needed to go to the toilet by pointing to the picture for 2 consecutive months by 9/30/13.</p> <p>-To "brush her teeth with 30% or more independence 10 consecutive sessions."</p> <p>Client #2's 9/26/12 ISP and/or record indicated no monthly summary/reviews had been completed in regard to the above mentioned objectives to determine if the client failed to progress after reasonable efforts had been made since the 9/26/12 ISP was implemented.</p> <p>Interview with Service Coordinator (SC)/QIDP on 6/6/13 at 1:38 PM stated "I am not that far in program yet. Limited on what I can do with that program (computer program)." The SC indicated she had not reviewed the client's</p>						

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	<p>objectives/data to determine if client #2 failed to progress after reasonable efforts had been made.</p> <p>2. A review of client #1's record was reviewed on 6/5/13 at 11:25 A.M.. Client #1's 9/19/12 Individual Support Plan (ISP) indicated the client had the following objectives:</p> <p>- "[Client #1] will continue to learn to respond to her name by October 31, 2012."</p> <p>-"When given a choice of 2 items, [client #1] will reach for the one she wants for 5 of the last 10 sessions by October 31, 2012."</p> <p>-When her name is called while she is involved in an activity, [client #1] will cease the activity of 0 of the last 0 sessions by October 31, 2012."</p> <p>-"[Client #1] will touch a block with a number on it for 5 of the last 10 periods by October 31, 2012."</p> <p>-"When done eating, [client #1] will wipe her spot at the table after dinner for 12 of the last 24 sessions by October 31, 2012."</p> <p>-"Before medication is administered, [client #1] will respond correctly with</p>						

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	<p>50% independence for 10 of the last 10 sessions by October 31, 2012."</p> <p>-"When asked to do so, [client #1] will wash her face with 90% independence for 10 of the last 12 sessions by October 31, 2012."</p> <p>Client #1's 9/19/12 ISP indicated no monthly summary reviews had been completed of the above mentioned objectives to determine if the client had met the objectives since the 9/19/12 ISP was implemented.</p> <p>An interview with the Service Coordinator (SC)/QIDP was conducted on 6/6/13 at 12:55 P.M.. The SC/QIDP indicated she did not monitor and did not have monthly reviews of client #1's objectives. The SC did not provide any additional monitoring and/or monthly reviews of the client's objectives to determine if the client had failed to make progress on the objectives after 3 months.</p> <p>This deficiency was cited on 5/3/13. The facility failed to implement a systemic plan of correction to prevent recurrence.</p> <p>9-3-4(a)</p>						

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W000258	<p>483.440(f)(1)(iv) PROGRAM MONITORING & CHANGE The individual program plan must be reviewed at least by the qualified mental retardation professional and revised as necessary, including, but not limited to situations in which the client is being considered for training towards new objectives.</p> <p>Based on interview and record review for 2 of 2 sampled clients (#1 and #2), the Qualified Intellectual Disability Professional (QIDP) failed to monitor client #1 and #2's objectives to determine if the clients should be considered for training toward new objectives.</p> <p>Findings include:</p> <p>1. Client #2's record was reviewed on 6/6/13 at 11:20 AM. Client #2's 9/26/12 Individual Support Plan (ISP) indicated the client had the following objectives:</p> <p>-To learn to identify pictures used for communication with verbal prompts by 9/30/13.</p> <p>-To engage in activity to increase cognitive skills for 10 minutes with verbal prompt by 9/30/13.</p> <p>-To point to 6 pictures in her communication book correctly 9 out of the last 10 sessions by 9/30/13.</p>		W000258	<p>The service coordinator will be trained by the Staff Development Director on PPSEE, our electronic Data and programming program, by 7/7/13. The service coordinator will also be trained on monitoring for progress/regression, by the Behavior health director by 7/7/13. Once trained the service Coordinator will review all client goals for areas in which the client may require new objectives. To ensure the QIDP continues to implement these measures the Behavior Health Director will meet with the QIDP daily until these measures are completed and then weekly until proficiency in implementation is acquired and then will fade to bi-weekly meetings.</p>		07/07/2013	

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	<p>-When presented with a dime and quarter, will identify/point/gesture with 50 % Independence by 9/30/13.</p> <p>-"To set her spot at the table" with 50% independence for 2 consecutive months by 9/30/13.</p> <p>-"Before medication is administered, [client #2] will respond correctly by 9/30/13."</p> <p>-To let staff know when she needed to go to the toilet by pointing to the picture for 2 consecutive months by 9/30/13.</p> <p>-To "brush her teeth with 30% or more independence 10 consecutive sessions."</p> <p>Client #2's 9/26/12 ISP and/or record indicated no monthly summary/reviews had been completed in regard to the above mentioned objectives to determine if the client should be considered for training toward new objectives.</p> <p>Interview with Service Coordinator (SC)/QIDP on 6/6/13 at 1:38 PM stated "I am not that far in program yet. Limited on what I can do with that program (computer program)." The SC indicated she had not reviewed the client's objectives/data to determine if client #2 should be considered for training toward a</p>						

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	<p>new objective.</p> <p>2. A review of client #1's record was conducted on 6/6/13 at 11:25 A.M.. Client #1's 9/19/12 Individual Support Plan (ISP) indicated the client had the following objectives:</p> <p>- "[Client #1] will continue to learn to respond to her name by October 31, 2012."</p> <p>- "When given a choice of 2 items, [client #1] will reach for the one she wants for 5 of the last 10 sessions by October 31, 2012."</p> <p>- When her name is called while she is involved in an activity, [client #1] will cease the activity of 0 of the last 0 sessions by October 31, 2012."</p> <p>- "[Client #1] will touch a block with a number on it for 5 of the last 10 periods by October 31, 2012."</p> <p>- "When done eating, [client #1] will wipe her spot at the table after dinner for 12 of the last 24 sessions by October 31, 2012."</p> <p>- "Before medication is administered, [client #1] will respond correctly with 50% independence for 10 of the last 10 sessions by October 31, 2012."</p>						

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	<p>- "When asked to do so, [client #1] will wash her face with 90% independence for 10 of the last 12 sessions by October 31, 2012."</p> <p>Client #1's 9/19/12 ISP indicated no monthly summary reviews had been completed of the above mentioned objectives to determine if the client had met the objectives since the 9/19/12 ISP was implemented.</p> <p>An interview with the Service Coordinator (SC)/QIDP was conducted on 6/6/13 at 12:55 P.M.. The SC/QIDP indicated she did not monitor and did not have any monthly reviews of client #1's training objectives. The SC did not provide any additional monitoring and/or monthly reviews of the client's objectives to determine if the client had been considered for training toward new objectives.</p> <p>This deficiency was cited on 5/3/13. The facility failed to implement a systemic plan of correction to prevent recurrence.</p> <p>9-3-4(a)</p>						